|  |   |  |                    |              |                         |                  |       | Application or Docket Number |                |           |                |               |  |
|--|---|--|--------------------|--------------|-------------------------|------------------|-------|------------------------------|----------------|-----------|----------------|---------------|--|
| PATENT APPLICATION FEE DETERMINATION RECOR   |   |  |                    |              |                         |                  |       | D )                          |                |           |                |               |  |
| Effective October 1, 2001  |   |  |                    |              |                         |                  |       |                              | 129 1935 779   |           |                |               |  |
| CLAIMS AS FILED - PART I   |   |  |                    |              |                         |                  |       | SMALL E                      | NTITY          |           | OTHER          |               |  |
|  |   |  | (Column 1          | 1)           | (Column 2)              |                  |       | TYPE                         |                | OR        |                |               |  |
| TOTAL CLAIMS   |   |  |                    |              | TO THE SEA              |                  |       | RATE                         | FEE            |           | RATE           | FEE           |  |
| FOR  |   |  | NUMBER FILED       |              | NUMBER EXTRA            |                  |       | BASIC FE                     | E 370.00       | OR        | BASIC FEE      | 740.00        |  |
| TOTAL CHARGEABLE CLAIMS  |   |  | 36 minus 20=       |              | * 16                    |                  |       | X\$ 9=                       | 144            | OR        | X\$18=         |               |  |
|  | EPENDENT CL                                     |  | 3 minus 3 =        |              |                         |                  | :     | X42=                         |                | OR        | X84=           |               |  |
| MULTIPLE DEPENDENT CLAIM PRESENT   |   |  |                    |              |                         |                  |       | +140=                        |                | OR        | +280=          |               |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |   |  |                    |              |                         |                  | Į     | TOTAL                        |                | OR        | TOTAL          |               |  |
| LINOS CLAIMS AS AMENDED - PART II  |   |  |                    |              |                         |                  |       | CHALL                        | ENTITY         |           | OTHER<br>SMALL |               |  |
| 1  | (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST |  |                    |              |                         |                  |       | SMALL                        | ADDI-          | OR<br>I I | JRIALL         | ADDI-         |  |
| AMENDMENT A  |   | REMAINING<br>AFTER<br>AMENDMENT            |                    | NUM<br>PREVI | IBER<br>OUSLY<br>FOR    | PRESENT<br>EXTRA |       | RATE                         | TIONAL<br>FEE  |           | RATE           | TIONAL<br>FEE |  |
|  | Total   | • 49                                       | Minus              | ** (         | 36                      | = 13             |       | x\$25                        | 325            | OR        | X\$18=         |               |  |
|  | Independent                                     | · 3  | Minus              | ***          | 3'                      | - 0              |       | X42=                         |                | OR        | X84=           |               |  |
| L  | FIRST PRESE                                     | NTATION OF M                               | ULTIPLE DEP        | ENDEN        | TCLAIM                  |                  |       | +140=                        |                | OR        | +280=          |               |  |
|  |   |  |                    |              |                         |                  |       | TOTA                         |                | OR        | TOTAL          |               |  |
|  | (Column 1) (Column 2) (Column 3)                |  |                    |              |                         |                  |       | ADDIT. FE                    | E              | 10        | ADDIT. FEE     |               |  |
| m  |   | (Column 1)<br>CLAIMS                       | 97/27/37           | _            | mn 2)<br>HEST           | (Column 3)       | 1     |                              | ADDI-          | 1         |                | ADDI-         |  |
| AMENDMENT B  |   | REMAINING<br>AFTER<br>AMENDMENT            |                    | PREV         | ABER<br>IOUSLY<br>DFOR  | PRESENT<br>EXTRA |       | RATE                         | TIONAL<br>FEE  |           | RATE           | TIONAL<br>FEE |  |
|  | Total   | *  | Minus              | **           |                         | =                |       | X\$ 9=                       |                | OR        | X\$18=         |               |  |
|  | Independent                                     | *  | Minus              | ***          | <del>: :</del>          | =                |       | X42=                         |                | OR        | X84=           |               |  |
| L  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |                    |              |                         |                  | j     | +140=                        |                | OR        | +280=          |               |  |
|  |   |  |                    |              |                         |                  |       | TOTA                         |                | OR        | TOTAL          |               |  |
|  |   |  |                    |              |                         |                  |       | ADDIT. FE                    | E <b>L</b>     |           | ADDIT. FEE     | <u> </u>      |  |
|  | 5786  | (Column 1)<br>CLAIMS                       |                    |              | ımn 2)<br>HEST          | (Column 3)       | 1     |                              | ADDI-          | 1         |                | ADDI-         |  |
| AMENDMENT C  |   | REMAINING<br>AFTER<br>AMENDMENT            |                    | PREV         | MBER<br>TOUSLY<br>D FOR | PRESENT<br>EXTRA |       | RATE                         | TIONAL<br>FEE  |           | RATE           | TIONAL<br>FEE |  |
|  | Total .   | *  | Minus              | **           |                         | =                |       | X\$ 9=                       |                | OR        | X\$18=         |               |  |
|  | Independent                                     | *  | Minus              | *##          |                         | =                |       | X42=                         |                | OR        | X84=           |               |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |                    |              |                         |                  |       |                              |                | 1         |                |               |  |
| +140=  |   |  |                    |              |                         |                  |       |                              |                | OR        | +280=          | <b></b>       |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |   |  |                    |              |                         |                  |       |                              |                |           |                |               |  |
|  | The "Highest Num                                | imber Previously Pa<br>inber Previously Pa | rate For" (Total o | r Indepen    | dent) is the            | e highest numb   | er fo | und in the                   | appropriate bo | ox in c   | olumn 1.       |               |  |